**図** 0002/0014 08/31/2010 12:21 TEL PRINTED: 08/18/2010 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 08/13/2010 09G112 STREET ADDRESS, CITY, STATE, ZIP CDDE NAME OF PROVIDER OR SUPPLIER 1226 LAWRENCE STREET, NE WHOLISTIC 02 WASHINGTON, DC 20017 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 000 Kecemed 8/31/20 Kecemed the A 1/20 W 000 INITIAL COMMENTS An recertification survey was conducted from August 10, 2010, through August 13, 2010, utilizing the fundamental survey process. A random sampling of four clients was selected from a population of seven males with various levels of mental retardation and disabilities. The findings of the survey were based on observations at the group home and three day programs, interviews with clients and staff, and the review of clinical and administrative records. including incident reports. W 149 W 149 : 483.420(d)(1) STAFF TREATMENT OF **CLIENTS** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to implement its policies to ensure the 8/15/10 health and safety for one of seven clients residing This includent was in the facility. (Clients #6) determined by wholishic IMC and DOA IMEW The finding includes: As a reportable event. The facility failed to implement it's policy for None the less, an investigation investigating serious reportable incidents (neglect) as evidence below: has been completed. Please be advised that the On August 11, 2010, beginning at 12:45 p.m., review of the unusual incident reports revealed an DAY program has been uncooperative incident dated June 29, 2009. According to the a thus a qualitative investigation was incident, the facility's qualified mental retardation professional (QMRP) received a phone call at approximately 12:50 p.m., from a resident of ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**2**0003/0014 08/31/2010 12:21 TEL PRINTED: 08/18/2010 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: NO PLAN OF CORRECTION A. BUILDING B. WING 08/13/2010 09G112 STREET ADDRESS, CITY, STATE, ZIP CDDE NAME OF PROVIDER OR SUPPLIER 1226 LAWRENCE STREET, NE WASHINGTON, DC 20017 WHOLISTIC 02 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 149 W 149 Continued From page 1 gragiam. Maryland informing the QMRP that Client #6 was with his group at a local park in Maryland. The resident mentioned that Client #6 wondered into his picnic group while at the park. The QMRP informed the resident that Client #6 was on a community outing with his day program and that they must have left him behind. The QMRP immediately called the day program and informed them that Client #6 was left behind at the park. The day program called their day program staff and informed them that Client #6 was still at the park. Minutes later, the day program called the QMRP back to inform him that Client #6 was back with the day program staff. Further review of the incident revealed a head to head assessment was completed by the nurse upon arrival to his home. The client was alert, cheerful, and in good spirits. There was no change in his behavior. Interview with the QMRP on August 11, 2010, at approximately 1:30 p.m., revealed that the incident dated June 29, 2009, was cited as neglect according to the local agency. Further interview with the QMRP revealed that this

incident was classified as a serious reportable incident. When asked if the facility had conducted an internal investigation, the QMRP stated that he was unsure and would follow up with the incident management coordinator.

Interview with the facility's Incident Management Coordinator (IMC) on August 13, 2010, at approximately 9:30 a.m., revealed that an internal investigation report was not conducted for the June 29, 2009 incident.

Review of the facility's "Policy for Investigation of Serious Reportable" incidents conducted on August 11, 2010, at approximately 2:45 p.m.,

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	revealed all serious investigated by the hours after the incireview of the policy upon receiving any neglect or abuse, the investigation.  483.430(a) QUALIF RETARDATION PLEACH client's active integrated, coording qualified mental reference on interview failed to ensure the Retardation Professions.	reportable incidents will be facility beginning within 12 dent had occurred. Further revealed that immediately report of person mistreatment, he IMC would conduct an FIED MENTAL ROFESSIONAL retartment program must be ated and monitored by a tardation professional.  is not met as evidenced by:  y, and record review, the facility at the Qualified Mental esional (QMRP) coordinated		159			
	The findings included the facility. (Client:  The findings included the findings include	#4 and #5) le: V252]. The QMRP failed to taff was effectively trained to 4's maladaptive behavior in			See W252		
	2. [Cross refer to Vensure that each s	N192]. The QMRP failed to			See Wige		!

W 192 483.430(e)(2) STAFF TRAINING PROGRAM

toward clients' health needs.

For employees who work with clients, training must focus on skills and competencies directed

**2**0005/0014 08/31/2010 12:21 TEL PRINTED: 08/18/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICALD SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 09G112 08/13/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1226 LAWRENCE STREET, NE WHOLISTIC 02 WASHINGTON, DC 20017 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID (EACH CORRECTIVE ACTION SHDULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 192 W 192 Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that each staff was effectively trained to address the health care needs of one of seven clients in the facility. [Client #5 residing in the facility) The finding includes: 1. The facility failed to ensure that staff training was effective for the accurate implementation of Client #5's pureed diet, as evidenced below. a. On 8/10/2010, at 5:26 p.m., a direct support staff was observed preparing pureed whole wheat Stuff been ebread in the food processor. During this time, an 8 30 10 unmeasured amount hot water was poured on the trained on how to bread in the food processor, then the bread was prepare pureed diet. ground to a thin pureed texture. Place & find attached directues on how pureed A few minutes later, at 5:28 p.m., interview with the staff preparing the food revealed that the diet should be perfixed. bread was for Client #5. Further discussion with the staff on 8/11/2010, at 4:17 p.m., indicated that the client required his bread to be thinly pureed

and lump free to prevent him from coughing. Interview with the qualified mental retardation professional (QMRP) on 8/12/2010, at 5:17 p.m., indicated staff had been trained on the client's mealtime protocol.

Record review on 8/11/10, at 1:50 p.m., revealed that Client #5 was prescribed a pureed a high fiber, pureed diet. The mealtime protocol dated May 2010 stated that the client should be provided a "Dysphagia Diet 1: Pureed diet texture (pudding-consistency with no lumps). Regular liquids." Further record review on 8/13/10, at approximately 12:45 p.m., revealed a Speech and

## 08/31/2010 12:22 TEL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE SURVEY	
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W 192	Continued From pa	ge 4	W 19	92		
	March 3, 2010) wh guidelines (food/liq the QMRP indicate how to prepare each prescribed consiste and were not available the time of the s	urvey, there was no evidence				
	that each staff had implement Client # 483.440(e)(1) PRO Data relative to accessed in client in	been trained to accurately	W 2	52		
	Based on observareview, the facility documentation of Program Plan (IPF clients in the same The finding include The facility failed towas consistently in the program of the facility failed towas consistently in the facility failed towards and the facility failed towards and the facility failed to t	es: o provide evidence that data maintained on Client #4's designed to improve his		Staff have been in on chent # 4's support plan ar all behaviors on ABC duty sheet	behavior 8/28 st clocumentry the 8/26/10	ن ا
	at 5:52 p.m., revea	Client #4 on August 10, 2010, aled he refused to stand upright d him toward the bathroom t floor. Staff then allowed him				

to sit on the floor. He was verbally prompted to

**2** 0007/0014 08/31/2010 12:22 TEL PRINTED: 08/18/2010 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 08/13/2010 09G112 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1226 LAWRENCE STREET, NE WHOLISTIC 02 WASHINGTON, DC 20017 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 252 W 252. Continued From page 5 get up, however when he refused to get up independently, he was assisted by staff to stand. Staff escorted him to the kitchen sink where he was provided assistance to wash his hands. The client then sat back on the floor, then after repeated verbal prompts from the staff got up to a squatting position where he remained until 6:05 p.m. At that time, he was observed walking in a squatting position in the hallway. Observation on August 10, 2010, at 6:49 p.m., revealed he sat on the sidewalk. He was encouraged and assisted by staff to get up from the ground, however sat back on the ground again. Interview with staff on August 10, 2010, at 6:05 p.m. revealed Client #4's sitting on the floor/ground and refusing to stand was one of his targeted behaviors, which should be documented in his record. Interview with QMRP on August 12, 2010, at 2:14 p.m. indicated that although the record suggested an increase in the behavior

over recent months, the increase was likely due to improved documentation of the behavior.

Record review on August 13, 2010 at 12:02 p.m., revealed a goal to improve the client social behavioral skills. The objective stated that the client "will decrease incidents of refusing to stand up to zero incidents per month for 12 consecutive months. Further record review on August 13, 2010 revealed, the "refusing to stand behavior" on August 10, 2010, which were observed to occur in the kitchen and on the sidewalk, had not been documented.

At the time of the survey, there was no evidence that the facility ensured documentation or the

Event ID: S59U11

Facility ID: 09G112

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W 252	client's aforementic	oned targeted behavior to onitoring of the individual	W 2	252			
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Health R	egulation Administra	ation					· · · · · · · · · · · · · · · · · · ·
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1 000	INITIAL COMMEN	TS		i 000		•	
·	August 10, 2010, the random sampling of from a population of levels of mental ret.  The findings of the observations at the programs, interview	vey was conducted from rough August 13, 20 of four residents was soft seven males with variation and disabilities arrow were based of group home and throws with residents and all and administrative eports.	10. A selected arious ies.  n see day staff, and				
1 090	3504.1 HOUSEKE	EPING		1 090			: :
	maintained in a sat	terior of each GHMR re, clean, orderly, attra er and be free of irt, rubbish, and objec	active,				
	Based on observat Home for Mentally failed to ensure the GHMRP was main attractive manner,	met as evidenced by ion and interview, the Retarded Persons (Ge interior and the extetained in a safe, orde for seven of seven reity. (Residents #1, #2)	Group HMRP) rior of the rly, and sidents				
	The findings includ	e:	i				
	on August 11, 2010 During the inspecti accompanied by the	e environment was co 0, beginning at 10:15 on, the surveyor was le house manager (Hi person. The following ntified:	a.m. M) and				
lealth Regu	lation Administration		<u></u>		TIT1 F		(X6) DATE

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Via President

8/35/10

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM			(X2) MULTI A. BUILDIN B. WING		(X3) DATE S COMPLE		
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1 090	Continued From pa	age 1	:	1090			
	Interior:						
	interior.						,
	1. The treads of the the second floor we	e stairs leading from ere stained and soile	the first to		Situans have been cli	eaned	3 30 10
	<ol><li>The bathroom on the second floor (rig had no cup holder or dispenser for cups deficiency was eliminated prior to the su</li></ol>		s. (This urveyor's		cups have been place	ed in	2)1110
	departure from the facility on August 11, 201						el
<ol><li>In bedroom #3, there was torn wall paper on the right corner of the ceiling.</li></ol>		aper on		wall paper has been	repaired	2117119	
	4. In the linen close and peeling paint.	et ceiling, there was o	chipping		Paint has been strip new cour applied	ped hasi	४/३०/१०
	5. The kitchen ove	n had grease on the	inside.		yen care alkness		
	6. In the dining roo	m, the carpet under t	the table	•	Oven has been clea	n e cl	इंग्निंग
-	was raveled and torn, which created a trip hazard.		otential		Dining Room rug h	us.	3/14/10
	Exterior:		:		been removed		
	7. Several cracks which created a po	vere observed in the tential trip hazard.	driveway,		cracks in drivewal	y have	8 30 :0
	8. There was a piece missing from the awning above the rear door.				Awaing has been of	epiaced	8 (30) 10
	These deficiencies house (HM) at app August 11, 2010.	were acknowledged roximately 11:45 a.m	by the				
l 180	3508.1 ADMINIST	RATIVE SUPPORT		l 180			
	administrative supp	II provide adequate port to efficiently mee ents as required by th			:		:

Habilitation plans.

S59U11

Health Regulation Administration

**2**0011/0014 PRINTED: 08/18/2010 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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·	Based on interview GHMRP failed to e Retardation Profes	met as evidenced by , and record review, nsure that the Qualifi sional (QMRP) coord the seven residents r dent #4 and #5)	the led Mental linated				
	The finding include	s:					
	ensure that each st	V252]. The QMRP fa taff was effectively tra t #4's maladaptive be	ained to		see w 252		
	ensure that each st	V192]. The QMRP fai taff was effectively tra ent Resident #5's pure	ained to		see wig2		
1 222	3510.3 STAFF TRA	AINING		1 222			; 
	There shall be cont training programs s	inuous, pngoing in-se scheduled for all pers	ervice onnel.			-	<u>}</u>
:	Based on observation review, the group hopersons (GHMRP) training program for	met as evidenced by ion, interview and recome for mentally reta failed to ensure a corr staff to addressed the idents residing in the #5)	ord arded ntinuing he needs				
	The findings include	<b>9</b> :			See w 25 2		
į	The GHMRP failed to ensure that staff training was effective for the accurate implementation of Resident #5's pureed diet, as evidenced below:				see wiaz		
	a. On 8/10/2010 at staff was observed	5:26 p.m., a direct si preparing pureed wh	upport ole wheat				

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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX TAG  PROVIDER'S PLAN OF CORRECTION (EACH CDRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		HQULD BE	(X5) COMPLETE DATE
thot water was pound processor, then the pureed texture.  at 5:28 p.m., interview food revealed that ent #5. Further discipled to prevent with the qualified and (QMRP) on 8/12 staff had been trained protocol.  11/10, at 1:50 p.m., so prescribed a pureed texture protocol dated ent should be provided to pureed diet texture by with no lumps). Respond to the provided ent specific guideling that specific guideling pureed food to the pureed food to the pureed food to the pureed food to the ency had become detailed to accurately colled to ensure that each do accurately colled that	red on e bread  iew with the cussion, read to not him ed mental 2/2010, at ed on the revealed ed, high May 2010 led a egular 0, at peech and dated eew with nes on ached evidence rately ch staff ect data	1222			
	HFD03-0009  EMENT OF DEFICIENCIES MUST BE PRECEDED BY CIDENTIFYING INFORMATION FOR THE PURPLE OF THE	HFD03-0009  STREET ADD  1226 LAW WASHING  EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  The 3  Decessor. During this time, and thot water was poured on a pureed texture.  at 5:28 p.m., interview with the food revealed that the tent #5. Further discussion 1/2010, at 4:17 p.m., sident required his bread to lump free to prevent him view with the qualified mental anal (QMRP) on 8/12/2010, at staff had been trained on the protocol.  11/10, at 1:50 p.m., revealed is prescribed a pureed, high time protocol dated May 2010 and staff had been trained on the protocol.  11/10, at 1:50 p.m., revealed is prescribed a pureed, high time protocol dated May 2010 and staff had been trained on the protocol.  11/10, at 1:50 p.m., revealed is prescribed a pureed, high time protocol dated May 2010 and staff holded mealtime in the protocol dated in the protocol da	THE PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0009  STREET ADDRESS, CITY, S.  1226 LAWRENCE STREAM SHINGTON, DC 20  EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  THE STREET ADDRESS, CITY, S.  1226 LAWRENCE STREAM SHINGTON, DC 20  EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  THE STREET ADDRESS, CITY, S.  1226 LAWRENCE STREAM SHINGTON, DC 20  PREFIX TAG  TAG  1222	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0009  STREET ADDRESS, CITY, STATE, ZIP CODE  1226 LAWRENCE STREET, NE WASHINGTON, DC 20017  EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)  TAG PREFIX (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PREFIX (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PREFIX (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PREFIX (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PREFIX (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PREFIX (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PROVIDER'S PLAN OF CORR (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PROVIDER'S PLAN OF CORR (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PROVIDER'S PLAN OF CORR (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PROVIDER'S PLAN OF CORR (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)  TAG PROVIDER'S PLAN OF CORR (SACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AFT CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AFT CROSS-REFEREN	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING B. WING WITH A BUILDING B. WING WASHINGTON, DC 20017  EMENT OF DEFICIENCIES WAS BE PRECEDED BY PULL CIDENTIFING INFORMATION)  EMENT OF DEFICIENCY BUILDING WITH A BUILDING WASHINGTON, DC 20017  EMENT OF DEFICIENCY BUILDING WITH A BUILDING WASHINGTON, DC 20017  EMENT OF DEFICIENCY BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  I 222  DEFICIENCY BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BUILDING WASHINGTON, DC 20017  PREFIX CACH CORRECTION OF

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		(X1) PROVIDER/SUPPLIE	UMBER: A. BUILDING		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HFD03-0009		B. WING		08/	13/2010
NAME OF PROVIDER OR SUPPLIER  WHOLISTIC 02			1226 LAW	RESS, CITY, S'RENCE STR	TATE, ZIP CODE EET, NE 017		
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	l S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
1 222	Continued From p	age 4		1 222			
	2010, at 5:52 p.m. upright as two states bathroom located allowed him to sit prompted to get up get up independer stand. Staff escor where he was prohands. The residenten after repeate got up to a squatti until 6:05 p.m. At walking in a squatti u	Resident #4 on Augua, revealed he refused if walked him toward ton the first floor. State on the floor. He was p, however when he rotly, he was assisted inted him to the kitcher vided assistance to went then sat back on to diverbal prompts from the time, he was obstiting position in the ham ugust 10, 2010, at 6:00 in the ground on the sided and assisted by state, however sat back in the was each of the control of the side and assisted by state, however sat back in the side and assisted by state, and the side and assisted by state.	to stand the ff then verbally refused to by staff to n sink rash his the floor, n the staff remained erved allway.  05 p.m., ide walk. aff to get on the				
	p.m., revealed Refloor/ground and targeted behavior in his record. Inte 2010, at 2:14 p.m record suggested over recent mont to improved docu Record review or revealed a goal to behavioral skills. client "will decrea up to zero incider months. Further 2010 revealed the	esident #4's sitting on refusing to stand was so, which should be do rview with QMRP on a line increase in the behalf an increase in the behalf an increase was limentation of the behalf and the increase was limentation of the behalf and the provestive stated as incidents of refusing the per month for 12 correcord review on August 13, 2010, at the provestive stated as incidents of refusing the per month for 12 correcord review on August 13, 2010, at the per month for 12 correcord review on August 13, 2010, at the per month for 12 corrections and the per month f	one of his ocumented August 12, ugh the ehavior likely due avior.  12:02 p.m., ocial that the ng to stand consecutive gust 13, ehavior" on				

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  (X2) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  (X3) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  (X4) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  (X5) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  (X6) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER  (X7) PROVIDER/SUPPLIER/SUPPLIER/ IDENTIFICATION NUMBER  (X7) PROVIDER/SUPPLIER/S			(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING		(X3) DATE SURVEY COMPLETED 08/13/2010		
		HFD03-0009	CTREET ADD	RESS, CITY, ST.	ATE ZIP CODE	U0/	13/2010
AME OF P WHOLIS	ROVIDER OR SUPPLIER		1226 LAW	RENCE STRE	EET, NE		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	' FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
1 222	Continued From pa	nge 5		1 222			
		on the sidewalk, had	not been				
	that the facility ensi- client's aforementic	urvey, there was no ured documentation oned targeted behavi onitoring of the indivi ctive.	or the lor to	í			
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